



9/17/04 AF/2623/\$

Atty. Dkt. No. 15-XZ-4974 (070191-0195)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard Aufrichtig et al.
Title: CORRECTION OF DEFECTIVE
PIXELS IN A DETECTOR
Appl. No.: 09/474,715
Filing Date: 12/29/1999
Examiner: Mehrdad Dastouri
Art Unit: 2623

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 505795981 US (Express Mail Label Number)	09/16/04 (Date of Deposit)
Roberta A. Cooper (Printed Name)	
<i>Roberta A. Cooper</i> (Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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SEP 20 2004
Technology Center 2600

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated June 16, 2004, finally rejecting Claims 1, 2, 4-11, 13-48, 50-63, and 65-81.

- ☐ Applicant claims small entity status.
- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

09/20/2004 WASFAW1 00000021 09474715

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330.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$330.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$330.00

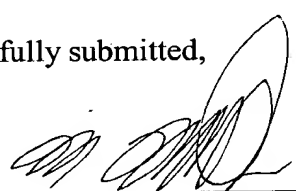
☒ A check in the amount of \$330.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Sept. 16, 2004

By 

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